



Health Information Technology Advisory Council  
DRAFT Meeting Minutes  
December 15, 2022

Meeting Date	Meeting Time	Location
December 15, 2022	1:00 pm – 3:00 pm	Zoom Meeting Recording

Members					
Joseph Quaranta (Co-Chair)	R	Josh Scalora, DDS	R	Lisa Stump	R
Sumit Sajnani, OHS HITO (Co-Chair)	R	Josh Wojcik, OSC (Sandra Czunas)	R	Patrick Charmel	R
Gui Woolston, DSS	X	Ted Doolittle, OHA	R	Dr. Alan Kaye	R
Elizabeth Taylor, DMHAS	R	Kelly Sinko Steuber, OHS (Krista Moore)	R	Dina Berlyn	R
Nicole Taylor, MD, DCF	R	David Fusco	R	Cassandra Murphy	R
Sharonda Carlos, DOC	X	Nicolangelo Scibelli	X	Dr. Susan Israel	R
Dennis C. Mitchell, DPH	R	Dr. Patricia Checko	R	Mark Gildea	R
Mark Raymond, CIO	R	Dr. William Petit	R	Rebecca McLearn, AHCT	R
Supporting Leadership & Other Participants					
Amy Tibor, OHS	R	Olga Armah, OHS	R	Michelle Puhlick, Connie	R
Jeannina Thompson, OHS	R	Jenn Searls, Connie	R	Rachel Oziel & Cindy Abello, CommunicateHealth (CH)	R

R = Attended Remotely; IP = In Person

Agenda			
	Topic	Responsible Party	Time
1.	<b>Welcome and Call to Order</b>	<b>Sumit Sajnani, Co-Chair</b>	<b>1:03 PM</b>
	The regularly scheduled meeting of the Health Information Technology Advisory Council was held virtually on Thursday, December 15, 2022. Sumit Sajnani welcomed council members and called the meeting to order at 1:03 p.m. Upon roll call, it was determined a quorum was present.		
2.	<b>Public Comment</b>	<b>Sumit Sajnani</b>	<b>1:04 PM</b>
	No public comments were made.		
3.	<b><u>Council Action:</u> Approval of Minutes: October 20, 2022</b>	<b>Sumit Sajnani &amp; members</b>	<b>1:05 PM</b>
	Mr. Sajnani requested a motion to approve the minutes of the October 20, 2022 as amended. The motion was (Raymond) and seconded (Nicole Taylor). The minutes were unanimously approved.		
4.	<b><u>Council Action:</u> Review and Approve 2023 Regular Meeting Schedule</b>	<b>Sumit Sajnani &amp; members</b>	<b>1:06 PM</b>
	Mr. Sajnani requested a motion to approve the 2023 regular meeting schedule. The motion was made (Stump) and seconded (Raymond). The 2023 schedule was unanimously approved.		
5.	<b>Connie Standing Update</b>	<b>Jenn Searls, Exec Dir., Connie</b>	<b>1:08 AM</b>
	Ms. Searls presented a progress update on key Connie activities; highlights included: <ul style="list-style-type: none"> <li>• A status update on hospital connectivity.</li> <li>• Onboarding highlights:</li> </ul>		

- More than 300 data feeds now coming into Connie, and account management team working to obtain data sharing agreements and commitment-to-connect forms in anticipation of May 2023 statutory deadline for all healthcare providers to connect to Connie.
- Slight dip in data submitted in November, as well as in queries from the portal and in-context app, possibly due to seasonality. Will monitor seasonality over time.
- Sponsored and presented at the MGMA Best Practices Symposium.
- Participated in the Leading Age conference.
- Will be presenting at the National Association of Social Workers – Connecticut Chapter.

The floor was opened for questions. Dina Berlyn inquired about the status of a patient portal. Ms. Searls responded that Connie has been working with a vendor on an app-based tool for patient access, internal meetings are now being held to identify a revised approach to connecting consumers. Ms. Searls added that the consumer engagement and outreach work currently underway will also help determine a best mechanism. More on this will be reported in the future.

Dr. Susan Israel inquired in the chat room whether social workers see the full medical record of the patient or the CCDs. Ms. Searls responded that social workers will have access to the Connie portal, including CCDs depending on their level of access to records, their organization and organization type, and the treatment relationship with patients. Ms. Searls described the portal as having several tables in which a variety of information including medication management, clinical records, structured documents, and encounters, is displayed depending on how the data is being submitted.

<b>6.</b>	<b>Connie Consumer Outreach Engagement</b>	<b>Rachel Oziel &amp; Cindy Abello</b>	<b>1:30 PM</b>
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Mr. Sajnani noted that consumer outreach is a critical topic and a priority of the Connie board and HITAC. Michelle Puhlick introduced CommunicateHealth (CH) as the organization selected to support the consumer outreach engagement for Connie.

Ms. Puhlick introduced Rachel Oziel and Cindy Abello to present on the status of the engagement to date; key highlights from the presentation included:

- Project overview: Connie is working with CH to develop a patient-centered communication outreach plan, with a goal of educating patients about what Connie is, the benefits of Connie, the choices that patients have, and building patients’ trust.
- Overview of initial findings from an environmental scan: the scan remains in process and includes a review of communication materials from national HIEs, published literature about patient preferences, patient concerns about HIEs and HIE engagement overall/nationwide, and a review of other state’s communication strategies. The scan will inform future focus group discussions with patients and in-depth interviews with healthcare providers, staff, and others.

Dr. Petit commented about the importance of messaging up front and clearly to patients regarding who has access to their records. Ms. Abello that level of access and who has a record of access is a feature that has been found in the researched literature, and the hope is to use this information informatively to see if it also aligns with what CT patients will want to see in an HIE. Dr. Petit commented further on educating and messaging what the consumer is signing up for, including the benefits of signing up, and who has access, remarking that this is a critical issue.

- Overview of next steps: formative research and message testing in progress; following testing, CH will make recommendations to refine messages, build out additional messages including provider talking points, and provide a communication strategy based on findings.

Ms. Puhlick provided additional detail on next steps.

- HITAC members are invited to participate in focus groups to provide feedback on messaging. Members should also share names of organizations or groups that would be recommended to provide feedback. Members are also invited to provide any recommendations to help ensure Connie is getting as much input as possible.
- A communication plan and materials, including associated metrics will be developed. Ms. Puhlick commented continually receiving input and engaging with consumers is a priority, and Connie is seeking input from HITAC to make sure feedback is ongoing and that Connie is actively updating and adapting accordingly as the organization grows and as questions emerge and needs change.

Dr. Israel inquired whether patients will be told they can opt out before their record is sent to Connie. Ms. Puhlick responded that the communications will certainly give patients information about their options in terms of opting out.

<b>7.</b>	<b>HITAC Strategic Planning Activities</b>	<b>Sumit Sajnani, Amy Tibor &amp; Olga Armah, OHS</b>	<b>2:05 PM</b>
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Mr. Sajnani and Amy Tibor presented on HITAC strategic planning activities; key highlights included:

- A status update on four priorities identified by HITAC to begin in 2022:
  - **Improving service coordination and data sharing across state HHS agencies.**
    - This activity was centered around the Person-Centered Services Collaborative identified in the five-year plan. Three interagency sessions were held earlier in the year and multiple initiatives were presented as possible pilot programs to achieve a 360 view of patients between HHS agencies, including a presentation by Connie. Discussions were held to identify clear use cases. This will be pursued further in 2023.
  - **Establishing electronic data standards.**
    - Mr. Sajnani commented that the data standards for Race, Ethnicity and Language (REL) were presented to HITAC before being published; he is open to feedback whether this approach would make sense going forward or whether to establish a HITAC Data Standards Advisory Committee in 2023 which would be charged with consistently looking at opportunities for HIT data standardization.
  - **Sustaining and increasing use of the HIE.**
    - A strategic plan for Connie is in development. Mr. Sajnani commented that both the Connie Board, who has primary responsibility on sustaining Connie, and HITAC as an advisory board, play a critical role in sustaining Connie.
    - Mr. Sajnani made a point of clarification later in the meeting stating that whereas a participation fee was pulled back earlier in the year, Connie has a financial plan, a complete budget for the federal fiscal year, and associated funding. Mr. Sajnani commented that whereas a sustainability plan is in place, it will need periodic review, along with Connie’s goals, both of which the Connie board is undertaking.
  - **Supporting behavioral health providers in adoption of EHR and HIE.**
    - Ms. Tibor provided a background overview of the project and stated that internal and external stakeholder engagement is ongoing. Information sessions were held in October and November and listening sessions with specific provider associations are occurring in January. A listening session with the Connecticut Psychological Association and the Connecticut Association for Marriage and Family Therapists is confirmed.
- The prioritization process for 2023 will be similar to 2022 and include a survey, the goal is to distribute the survey to members in early January and share results in the Jan 19 HITAC meeting.

Mr. Raymond commented on the concept of establishing a HITAC standards subcommittee, stating that any effort should be largely based on broader national standards, and the committee should look beyond interoperability in just CT but nationally and internationally. Mr. Raymond noted the importance of including practitioners implicated in the standards in the planning process, commenting that in its current state, HITAC may not include all the types of practitioners needed to construct a subcommittee. Mr. Sajnani stated that

external subject matter experts at a local or national level would be needed to support the work. Two key standards developed by CT recently were in statute making, the process less complex and going forward greater activity and engagement from SMEs would be needed and ensuring synchronicity with other national standards or other bodies implementing standards.

Ms. Armah presented an All-Payer Claims Database (APCD) progress report on the strategic objectives for APCD in 2022 and an overview of the strategic planning process for 2023 and beyond, key highlights included:

- Progress update on five strategic goals identified for 2022.
- APCD data available and years available.
- Overview of data extracts made to external parties and OHS and state-initiated projects supported by the APCD.
- Update on a federal funding opportunity that had been reported to HITAC earlier in the year. No new information to report on the opportunity. Ms. Armah commented that OHS received the APCD without additional funding or analytic resources. OHS is requesting additional resources in the next budget cycle. OHS is seeking ideas on data use cases and will need resources for implementation. One reason the federal government may provide funds to APCDs is to make it easier for self-insured employers to voluntarily participate.
- An overview of strategic planning activities. Ms. Armah stated that OHS welcomes feedback from HITAC and any other group interested in providing additional information on the direction of APCD usage and development to inform the strategic plan. Ms. Armah noted that a top priority of the strategic plan includes council engagement, to obtain guidance and advice from HITAC, the APCD Advisory Group, and Data Release Committee on how to encourage greater use of the APCD data, a high value database, including how to encourage voluntary submission of data by ERISA plans.

The floor was opened for questions. Mr. Charmel inquired about self-insured employers reporting data into the APCD. Ms. Armah discussed potential reasons why data has not been reported include the associated cost. Conversation ensued. Mr. Fusco commented that this should not be a case of the TPA or health plan having dramatically different processes to submit claims on behalf of a self-insured account. Ms. Armah commented that some employers struggle with reporting to multiple states – if each state has its own collection standards or collection format, that also adds to the cost. If, at the federal level, it is decided to use the standard APCD Common Data Layout, this simplifies the reporting mechanisms.

Ms. Berlyn inquired if a person would be able to compare prices on the APCD. Ms. Armah stated that one of the original requirements of the APCD included having an online tool for consumers to compare prices among providers and carriers. The first version of the version of the tool provides a price at the state level only; the intent is for OHS to release a second version of the tool. A conversation took place regarding federal legislation on hospital price transparency and whether this can be leveraged. Ms. Armah indicated that the data is incomplete and commented that OHS intends to link its website to that of each hospital to create an easier way for consumers to navigate data. OHS will include a disclaimer that patients should still talk to their provider or plan to know the actual price for their plan. The health plan sites will be linked to the OHS website eventually as well. Ms. Berlyn made a comment about insurers not providing their allowed amounts. Ms. Armah commented that OHS needs to have more resources to be able process price information on the carriers’ websites.

<b>8.</b>	<b>Other HITAC Updates</b>	<b>Sumit Sajnani</b>	<b>2:40 PM</b>
<p><b><u>Annual OHS Health IT Report</u></b>                  Mr. Sajnani stated that the annual OHS Health IT report is prescriptive in what needs to be included, a draft is under development and will be shared with HITAC in January for acceptance before it is submitted to the CGA on February 1<sup>st</sup>.</p> <p><b><u>Five Year Statewide Health IT Plan</u></b></p>			

	<p>Mr. Sajnani stated that the Five-Year Statewide Health IT Plan was submitted in February of 2022. The statute reads that the plan should be updated periodically. Whereas no changes being made this year, feedback from HITAC is welcome regarding whether it should be refined and updated by February 1<sup>st</sup>.</p> <p><b><u>Advanced Planning Documents</u></b></p> <p>Mr. Sajnani stated that the Council has a statutory role to contribute towards both the IAPD and OAPD associated with the HIE. There exists an approved IAPD and OAPD with a federal cost share. OHS, DSS, Connie, and other stakeholders are working on improving the federal cost share. Some states have used a Medicaid provider organized based methodology and have received a higher percentage, and CT is considering replicating this. An application will be formalized and submitted under DSS guidance.</p> <p>Mr. Charmel asked a question about the provider entity and methodology. Mr. Sajnani stated that the Medicaid provider entity is the total listing of all active provider organizations within Connie and the percentage of those organizations that accept Medicaid patients. The methodology used by CT was determined following research. CMS does not have a uniform methodology; states develop their own.</p>		
<b>9.</b>	<b>Announcements &amp; General Discussion</b>	<b>Sumit Sajnani</b>	<b>2:51 PM</b>
	There were no announcements or general discussion.		
<b>10.</b>	<b><u>Council Action: Wrap Up and Meeting Adjournment</u></b>	<b>Sumit Sajnani</b>	<b>2:52 PM</b>
	Mr. Sajnani requested a motion to adjourn the meeting. A motion was made by Patrick Charmel and seconded by Susan Israel. The meeting adjourned at 2:52 pm.		

**Upcoming Meeting Date:** January 19, 2023

All meeting information and materials are published on the OHS website located at:

[https://portal.ct.gov/OHS/HIT-Work-Groups/Health-IT- Advisory-Council](https://portal.ct.gov/OHS/HIT-Work-Groups/Health-IT-Advisory-Council)